

Case Number:	CM14-0004487		
Date Assigned:	02/05/2014	Date of Injury:	05/08/2007
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female who was injured in May of 2007. The patient has been on Prozac and Ativan for the past year and has been complaining of depression and anxiety along with sleep problems. The provider has requested coverage for 6 medication management sessions from 1/3-7/3/2014. The request has been modified to one session. She has been variously diagnosed with Adjustment Disorder with Depressed Mood and Major Depressive Disorder. On 9/4 a supplemental report indicates a GAF score of 61. This is an independent review for medical necessity for the requested 6 medication management sessions in 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 SESSIONS FOR MEDICATION MANAGEMENT AND MEDICATION APPROVAL:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The patient has been in treatment for several years and the rationale for the requested monthly sessions is not evident. There have been no documented recent medication

changes and the GAF score of 61 and current diagnosis of Adjustment Disorder are not reflective of grave disability. The patient is reported to be working full time. The above cited guidelines indicate physician follow up when a change in duty status is anticipated or if the patient is missing work. There is no indication in the record that either one of these conditions apply. As such the data submitted for review does not establish medical necessity for the requested monthly medication management from 1/3-7/3/2014.